

Physio mag. 79



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" THE SERVO MECHANISM "

" Things do not change; we change "—Thoreau, Walden.

The term servo mechanism first brings to mind to the present day Physiotherapist the feed back function of the muscle spindle; to the electronics expert a sophisticated piece of circuitry based on the same principle and with a similar function. Less than 20 years ago the average physiotherapist was very conscious of but equally frustrated by problems arising from disorders in muscle tone. In this era the physiotherapist was well versed in the significance of the grid bias in a shortwave diathermy valve circuit. Today this piece of apparently useless information in an age of advanced technology in which the physiotherapist can and may no longer repair their own machines does give valuable insight into the functions of the complicated mechanisms of the neuromotor system of the living body. This insight has helped the physiotherapist to understand the normal functions and to cope better with the problems arising from lesions of the nervous system.

These opening remarks explain the changes in bias which have taken place in just one area of the syllabus and the reasons which have brought about these changes. The content of the syllabus on superficial scrutiny may not appear to have changed but the principles and application have changed considerably. While advances in technology have phased out the need for the clinical physiotherapist to achieve any great depth of understanding of electrical circuitry developments in medical science have required an understanding to some depth of electro physiological principles. This feed back from our technological era determines the need for the retention of physics in the syllabus albeit with a changed motivation.

Electricity and magnetism once predominant in the physics syllabus have been superceded considerably by mechanical principles. The technological rub off has made the physiotherapist more aware and more analytical of human motion with the result that biomechanics and kinesiology, words relatively new to the syllabus, are found in areas which have always existed but now with a totally new look. This analytical approach demonstrates the role of the physiotherapist. No longer are they prepared to accept a passive and subordinate role in the medical team. Both patient and physiotherapist deserve the right and protection of a responsible diagnosis and referral from the medical practitioner. It behoves the physiotherapist however to investigate and assess in detail the patients specific signs and symptoms and resultant disabilities so that the appropriate physical modalities of treatment may be selected, the treatment programme planned, progressed and co-ordinated with other treatment programmes. Decision making is a very necessary function of the present day physiotherapist and for this reason every case must be thought through from initial assessment to final rehabilitation. The intelligent physiotherapist must be prepared to co-operate and contribute along with other members of the rehabilitation team. To do this it is necessary for all members of the team, to understand each others role and function so that the patient may be treated as a whole man with not only a physical lesion but also socio economic pressures and problems to be solved. Because of this involvement with a comprehensive team coping with all aspects of the patient the physiotherapist no longer working in specialised isolation requires more and more, exposure to the patient in his home, in his work and in his leisure. Social science, an area relatively new to the syllabus, is an area expanding constantly not only in the physiotherapy syllabus but also in all other health related fields.

The role of the physiotherapist has been changed considerably by many influences in society. Attitude is but one of the fickle aspects to be coped with by any servant to mankind. The image of physiotherapy was once a nine to five Monday to Friday job. The Saturday morning out patient list dwindled with the advent of the forty hour week — not because the physiotherapist was not prepared to work but rather

because the patient did not wish to have his newly found leisure time encroached upon. The development of the acute physiotherapy service around the clock and throughout the seven day week is ever increasing. Our affluent society in a mechanised age demands intensive care regardless of the hour of the day, or the day of the week. As long as legislation permits irresponsible and dangerous driving to take place on congested roads not designed for the fast car and traffic density this state will be our heritage for the present day environment.

Products of environment and society then, dictate the functions and role of the physiotherapist. Multiple accidents and multiple injuries have changed the place of physiotherapy in acute medicine as well as total rehabilitation. To ensure that the physiotherapist is adequately prepared to serve the needs of society legislation must be such to ensure that the patient not only receives physiotherapy but receives adequate physiotherapy along with the care received from other health disciplines.

Feed back from the effects of environment and demands of society may be traced back to the effects that they have on the course content and syllabus of any medical discipline. Physiotherapists in this country must be adequately prepared to function in a sophisticated and affluent health service. For this reason the syllabus must be geared to the needs of this country and not necessarily to conform to the needs of totally different economic and social structures of other countries. While it is desirable to meet minimal standards common to many countries to enable the movement of personnel and exchange of ideas, standards and ideals must not be sacrificed. Change should result from the feed back so that it is part of a natural process of evolution. Change for the sake of change alone while stimulating should not be the protagonist in the chain of events lest unforeseen and undesirable side effects negate the advantages of a gradually and progressively changing discipline.

B. D. McLEOD

EDITORIAL

Well, another magazine has managed to survive the planning stages and become an actual fact. For that fact I have to thank my devoted committee, without whose assistance my job would have been so much more difficult. Thanks should also be extended to those who contributed articles — particularly those whose contributions arrived on time! This extra effort was certainly appreciated.

Reading reports from various committee organisers, I couldn't help but be surprised at the number of times lack of interest was mentioned. It came up in the sports report when mention was made of the intended ice-skating trip to Manaburn; it came up in the junior class report with regard to the proposed bash to be put on by the juniors; and also at the commencement of this editorial. The fact that despite being asked personally several times about their reports some physios (both 2nd and 3rd year) still could not manage to find the enthusiasm to present their articles on time, must be representative of something!

It has been interesting observing who the people are who take on the responsibility of organising things on behalf of the students, in whatever sphere or capacity, and who hope — sometimes in vain — for some sign of enthusiasm from the rest of the student body.

In the second term an effort was made to make classroom sessions less formal by asking that students be addressed by their first names. This was agreed to in principle, but in practice has been a poor attempt with few teachers making the effort — thank-you Mrs Robertson for taking the request seriously. Perhaps the

effort of thinking of the students as people with first names was too much for other staff members!

This year, for the first time, I think, the Physio. Students' Association has undertaken a community project. This has taken the form of assessing the architectural barriers which present themselves to the elderly, the infirm, those who need crutches, and those confined to a wheelchair, with the view of producing a handbook for the disabled and all interested persons. This was met with great enthusiasm by the student body in general, but as is so often the case, when it came to actually doing anything practical only a dedicated few turned up, although I must admit that this committee has more support than most. The organiser, Robyn Stuart, has had much the same problem as I have had with the magazine. Each volunteer was asked to assess certain areas of Dunedin — banks, shops, etc., — and, if possible, to have the information on accessibility in to the organiser by the end of this term so that some form of preliminary correlation could be done. Some are to be excused — well one group anyway — as difficulty seemed to beset them from the outset, but others have no reasonable excuse for the slackness but the dreaded apathetic attitude that things will get done sooner or later, regardless.

Exams — the bane of every student's existence! Some improvement in timing of exams has been gratefully noted — and acknowledged here — this year. Perhaps this is a reflection on the persistent nagging of students, for some time to be left between exams and holidays. Although no change was evident in the timing of term exams after May holidays — two weeks after for seniors and one week for juniors — the timing of finals is a lot better — six weeks grace for seniors and seven weeks for juniors! This unheard-of humanitarian advance gives some hope for the future — hopefully not in vain — that perhaps May holidays will be a holiday and not a space

MARGUERITA FLORISTE

(Mrs J. Innes, D.C.F.A.)

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to worry about the forthcoming exams. However, one must learn to be thankful for small mercies — and this surely counts as one of those.

At this stage perhaps I could put in a request for an earlier announcement of subsidiary schools for the senior students next year. This would allow some effort to be made in making tentative accommodation arrangements for the forthcoming year during the August holidays. This year, ill-health on Miss McLeod's part has delayed this announcement somewhat but going by what stage of the term the placements for the next year were posted last year, they should have been out before flu' struck down our Chief. Could it be lack of interest in the staff ranks? Horrors!

With the close of the school's year we lose two staff members — Mrs Mosley and Mrs Noor — who both will join the ranks in the maternity wards. We wish you both well for the future. By the time this has come to print, the expected arrivals will have arrived, and you will both be old hands at the management of your little responsibilities. As mentioned before — good luck.

Also, while wishing good luck, perhaps my (un)lucky successor next year should be wished the "Best of British" also.

ESME COLLINS

WHEN YOU ARE OLD

Amongst the effects of a little old lady who died in a hospital in Scotland was found a poem which so touched the hearts of the staff that copies were made and distributed to every nurse in the hospital.

When one of these nurses moved to another hospital, she took her copy with her, and the poem — the only bequest to posterity made by the little old lady — has since appeared in several hospital publications.

We reproduce it here because it seems to say so clearly something which everyone knows but which is so often forgotten . . .

THE CRABBIT OLD WOMAN

What do you see nurses, what do you see?
Are you thinking when you are looking at me—
A crabbit old woman, not very wise
Uncertain of habit, with far-away eyes
Who dribbles her food and makes no reply
When you say in a loud voice — "I do wish you'd try"
Who seems not to notice the things that you do
And forever is losing a stocking or shoe.
Who unresisting or not, lets you do as you will
With bathing and feeding the long day to fill.
Is that what you are thinking, is that what you see?
Then open your eyes, nurse, you're not looking at me.
I'll tell you who I am as I sit here so still
As I use at your bidding, as I eat at your will
I'm a small child of 10 with a father and mother,
Brothers and sisters who love one another
A young girl of 16 with wings on her feet
Dreaming that soon now a lover she'll meet;
A bride soon at 20 — my heart gives a leap
Remembering the vows that I promised to keep;
At 25 now I have young of my own
Who need me to build a secure, happy home;
A woman of 30, my young now grow fast,

Bound to each other with ties that should last.
At 40 my young sons have grown up and gone,
But my man's beside me to see I don't mourn.
At 50 once more babies play round my knee,
Again we know children, my loved one and me.
Dark days are upon me, my husband is dead,
I look at the future, I shudder with dread.
For my young are all rearing young of their own,
And I think of the years and the love that I've known.
I'm an old woman now and nature is cruel —
'Tis her jest to make old age look like a fool.
The body it crumbles, grace and vigour depart
There is now a stone where I once had a heart;
But inside this carcase a young girl still dwells
And now and again my battered heart swells.
I remember the joys, I remember the pain,
And I'm loving and living life over again.
I think of the years all too few — gone too fast,
And accept the stark fact that nothing can last,
So open your eyes, nurse, open and see
Not a crabbit old woman, look closer —
SEE ME.

NEW ZEALAND SOCIETY OF PHYSIOTHERAPISTS CONFERENCE 1974

Early in February the 22nd National Conference of the N.Z.S.P. was held here in Dunedin. For those students who attended, this proved to be an invaluable experience.

The conference was entitled the Seven Ages of Man and dealt with everything from Paediatrics to Geriatrics with several detours on the way.

The official opening was held on Wednesday 6th, and those addressing included Dr Irvine, Vice-Chancellor of Otago University, Miss McLeod, National President and Mrs Robertson, Otago Branch President. Dr Irvine had several remarks to make about the state of physiotherapy in New Zealand today and said that we should attempt to make more people aware of the profession and its role in the medical field today.

Lectures began with Dr P. M. Buckfield talking on "The Suspect Child", Dr Buckfield outlines the many causes of disorders in the young either in utero or in the neonate. Physiotherapy in these disorders was also mentioned. Miss Wood then proceeded to talk about the role of Physiotherapy in Paediatrics. This tied in very well with the previous lecture and was of great interest.

Mr Silva, child psychologist then introduced the socio-economic factor of child development in a study on Multidisciplinary Child Development. Although he put forward great statistical proof on his subject which was quite hard to digest, his lecture was of great interest.

The afternoon was ended with a stimulating lecture by Associate Professor Holdaway entitled "Viruses and Vaccines" which outlined another aspect of infancy.

Thursday morning began with "The Control of Voluntary Movement" by Professor Hubbard which didn't fulfill the expectations of those attending but was, no doubt of interest to those who could follow the advanced physiology.

The following lecture was voted by many as the most stimulating lecture of the entire conference. Entitled "Restoration of Independence in Spinal Injuries", Miss M. de Jersey went into great detail on the treatment of paraplegics and quadriplegics at the Stoke Mandeville Rehabilitation Centre. This was made more interesting by the fact that many of us had been involved with the Paraplegic Games held in January. The patient's point of view followed with Father Leo Close describing the treatment he received while at Stoke Mandeville. Apart from his treatment Father Close spoke of several amusing incidents during his time there. He also made comments on improvements that could be made in the overall treatment of paraplegics by society, including the removal of architectural barriers.

Mr Ray Young gave a stimulating aspect of modern medicine in his "Five Elements of Chinese Philosophy". He outlined the art of acupuncture and its role in the world today and even demonstrated its use on a model who was suffering from severe toothache.

The afternoon was spent in visits to hospitals and various scenic attractions by those attending the conference.

Friday morning began with a talk by Miss Forster who had been invited as guest speaker to the conference. Miss Forster has played a major role in instituting a university course for Physiotherapists in Australia and in her talk gave valuable suggestions for improvements in Physiotherapy education. She outlined the course which students in Australia followed and stipulated that it had proved very successful in maintaining student interest as well as producing very capable physiotherapists.

A Panel Discussion on Education followed and included Professor Mitchell (chairman), Dr Irvine, Professor Barham, Miss Forster and Mr Bodland. Discussion was lively and many interesting views were given. I am sure that if given the chance this could have continued for the entire day.

Mr Stan Paris then displayed his radical views of Physiotherapy treatment by demonstrating his "Treatment of Facial Services by manipulation". This proved very interesting and I am sure many could not wait to try the treatment out themselves. Mr Paris also went into detail and analysed component motion with special reference to the knee joint.

After lunch a Panel Discussion on Physiotherapy in Orthopaedics was held. The panel included Mr Fitzpatrick (chairman), Mr Mirkin, Mr Ian Sim, Mr Stan Paris and Mr McKenzie. With two Orthopaedic surgeons and three Physiotherapists on the panel, the discussion was particularly applicable to Physiotherapists.

The afternoon ended at the end (naturally) with two lectures on Geriatrics. The first, entitled P.U.L.S.E.S., was given by Dr F. B. M. Woodhouse, Geriatrician, and outlined the assessment of geriatric patients before they are permitted to go home after a stay in hospital. This was followed by a "Geriatric Pot-pourri" given by Mrs Robertson in which she discussed geriatric patients in general.

Apart from the many interesting lectures there was also a display of modern equipment available to physiotherapists.

Overall the conference proved to be of great interest to all those who attended — students as well.

R. STUART

THE CYCLE OF A FRESH, BRIGHT PHYSIO

The alarm goes, bang, it's off and the lights on — common example of conditioned reflexes. One eye opens, the appreciation of the day is recorded in one's brain and the heavy head sinks into that ever so comfortable bed. Somehow, now it seems more comfortable and luxurious. The minutes tick by . . . "Shall I get up or shan't I?" . . . "Yes . . . No . . . Might as well" and ZAP! All muscles and joints come into action, working in a hyperleintic way, all showered, dressed and on the way — peddling fast on a sweat wheel accompanied by the 'Varsity chimes, the muscles work exceedingly hard. Only the "clang, rattle, bomp" of the bike can be heard at this ungodly hour. She arrives, rushes up the stairs, zaps along the corridor, only to find . . . the 8 o'clock lecture cancelled! Horrors — so for the reward a cuppa and bikkies (they're what make us tick), a lecture followed by another cuppa and we hoe into the bikkies like termites in a black forest, and dash off to the rest of the morning's classes.

Then, all resolutions of dieting following the morning's efforts in the common room are automatically broken once the aroma for the café reaches those receptor cells in the nasal mucous membrane and travel up the olfactory nerve causing an incredible desire for that extra crust! Then Rush! Rush! Rush! in the lunch hour to spend money to save on yet another fantastic bargain.

Then our patients are subject to our conception, or rather misconception, of physio; we are revived yet again by the "cuppa" and let loose on the last unlucky few.

Then, "Home, James!" is the cry (weak and feeble), with the feeling of one's blood sugar level incredibly low.

And now . . . to relax! But NO! — not on your life, so out come the books! (for some).

Is there any wonder why we all have hypertension, gastric upsets, suffer from nausea, and all other common complaints which respond well to those magic, fantastic, seldom-heard words — more holidays.

EX-HAUST-ED

PRESIDENT'S REPORT

The beginning of this year coincided with the IV British Commonwealth Paraplegic Games which were held in Dunedin from January 13-19, with teams and supporters from 11 different countries taking part. Physiotherapy students contributed considerably to the running of these Games and in turned gained valuable knowledge about paraplegics and the problems associated with wheelchair life.

It was gratifying to learn at the N.Z.S.P. Golden Jubilee Conference held in February that there is room for lateral thinking in the practice of Physiotherapy. Guest speakers spoke on subjects linked to the theme of "The Seven Ages of Man", and even included an acupuncture demonstration of the interplay of Yin and Yang and their effect on a patient with toothache. Queensland University students have a degree of flexibility in their Physiotherapy course, allowing them to take either a "science"- or "arts"-based course plus a choice of liberal studies. Miss Foster, official guest speaker at the conference spoke to the senior class and gave us an insight into the structure of the Physiotherapy degree course in Queensland. (Interesting to also note that Auckland School of Physiotherapy has allotted 70 hours of their course to liberal studies.)

Juniors arrived on March 4 and as usual seniors welcomed them with the traditional afternoon tea, flat dinners, book sale and free tour of the place plus the Med-Physio Bash in the Scrum room.

Moans and groans over bursary and boarding allowances were quelled for a while with a slight increase in both. Bursaries now stand at:

Juniors, \$; Seniors, \$955.00.

Although these figures may appear quite adequate, one must remember that the second year in Physiotherapy stretches from January 7 to December 20 — with no 3½ month break (like universities and technical institutes) in which to earn supplementary money.

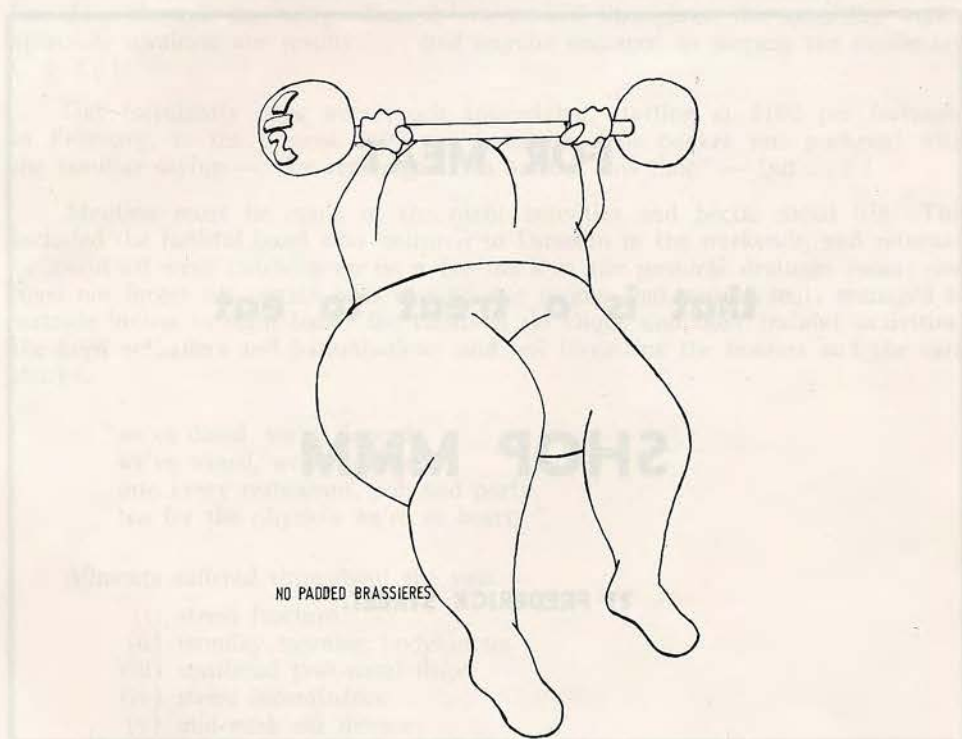
Future administration of the school still has not been finalised. It would appear that it is Government policy that the school be transferred to technical education. This means the Otago Polytechnical Institute. However, terms of transfer are still being negotiated and so as yet we do not know how this change-over will affect us.

Exec. this year has tried to get junior students more involved in the running of our Students' Association. It is hoped that this will lessen some of the difficulties facing the 1975 Exec. when they take over next year and also to provide greater interaction between juniors and seniors this year.

Whilst absorbed in matters Physiotherapy down here in Dunedin, we have also wondered about our Auckland counterparts at the Auckland School of Physiotherapy, and have written to their Students' Association hoping to establish regular communication.

Finally, my thanks to those members of Executive who did all those mundane but necessary tasks, and represented our interests in the educational, social and administrative fields to make life less complicated for the rest of us.

HEATHER COOMBRIDGE



TREASURER'S REPORT

So far this year we have done well financially, thanks mainly to a lot of hard work by a few dedicated people.

The Fred. St. mob have done well to produce this magazine at small cost, and such quality! (Compare \$50 with the cost of last year's magazine.)

Social events were good value, not much profit or loss, and everyone having a good time.

It has been a struggle at times getting certain people to co-operate, and very gratifying to see how a few always turn up to do the work with our various projects.

It is a pity more of the students aren't prepared to get involved and give those few a hand

Finally, thanks to the Exec. members who have helped so much.

Please note that this is only the present balance of accounts still open.

EXPENDITURE		INCOME	
	\$		\$
1973 Mag.	235.00	Subscriptions	531.00
Stamps and Stationery	15.97	Donations	5.00
Newspapers and Magazines	12.04	Booksale Profit	56.00
Telegrams	1.10	Interest	4.73
Advertising	1.22	Ball (profit)	43.24
Sports	63.47	Food Sales	18.00
Insurance	2.10	Present Credit (15/8/74)	564.00
Repairs and Replacements	20.00		
Med/Physio Bash (loss)	21.50		
			(E. & O.E.)

JIM ALDRIDGE

FOR MEAT

that is a treat to eat

SHOP MMM

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CHRISTCHURCH FINALIST REPORT 1974

"Come to Christchurch, the land of gingersnaps, fresh bread and midi-length uniforms."

The year started in a rush with the impossible job of finding a flat, sneaking the first day off to watch the games, or if unsuccessful, hiding behind the curtains in ward seven avidly watching the television.

Hopes of meeting an eligible young medical student were dashed, after fighting our way into yards of starch and stiffness. Hasn't Christchurch discovered the fact that the midi rage of the 70's was only a passing fad, or was it just a ploy to detect the student rustling in at ten past eight?

On our guided tour of the department we discovered the spacious pool facilities, privacy of cubicles, the highly treasured antique appliances and the expansive tea room-cum-common room. This prepared us well for the overall picture of the hospital, with years old renovations, bowls to catch drips from leaking rooves, overcrowding with beds in corridors and the miles of dark and dusty passageways. Roll on 1976? . . . 79? . . . 84? for the completion of the new hospital.

The year progressed amiably with the girls becoming quite a close knit group. Excursions during the year included canoeing trips down the Avon, sophisticated luncheons in the gardens (with a noticeable absence of flowers!!), "small" interludes in the Grenadier, birthday parties in Chinese restaurants, with the occasional gatherings in the usual meeting places for students.

Every Thursday was our Dunedin test day — noon on the dot girls appeared from their various hospitals, bleary-eyed due to the hours of intensive swot and lost sleep through the worry. Eagerly we worked throughout the agonising weeks, anxiously awaiting our results . . . had anyone managed to surpass the customary C + ? ! !

Our fortnightly pays were much appreciated, starting at \$100 per fortnight in February, to the present \$109 per fortnight. The packet was pocketed with the familiar saying — "Im really going to bank it this time" — but . . . !

Mention must be made of the night activities and hectic social life. This included the faithful band who ventured to Dunedin in the weekends, and returned to spend all week catching up on a few zzz's in the postural drainage room; one must not forget the certain miss who by fair means (but mainly foul) managed to wrangle invites to eight balls; the fanatical ski clique and their training activities; the keen netballers and basketballers; and not forgetting the boozers and the card sharks.

— "we've dined, we've danced,
we've wined, we've pranced
into every restaurant, pub and party,
tea for the physio's we're so hearty."

Ailments suffered throughout the year:—

- (i) stress fracture
- (ii) monday morning bodykinesia
- (iii) continual post-nasal drips
- (iv) stress incontinence
- (v) mid-week ski disease.

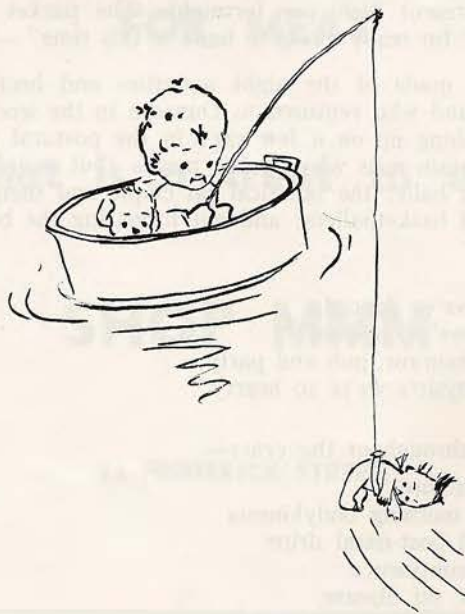
As for physio — we recommend all second years to come to sunny Christchurch. Our physiotherapeutic abilities have greatly improved, thanks to the supervisors and their tutorials and also to the specialised courses — our minds have been expanded into the new and exciting fields of P.N.F. (thanks to Miss Raper), manipulations and mobilisations (due to Gerry Keddel) and ultra-sonics. One of the big advantages of the Christchurch school is the many specialised departments, e.g. burns, thoracic and spinal unit. Every four weeks there was a change of section, along with, of course, a test.

Until exam time we had twelve studies per week, some of which included clinics, theatre and the occasional clinical presentation of patients. This has encouraged our independency in learning and finding out facts — don't be discouraged by the lack of lectures and slowness of returning marks — be prepared to do it yourself.

Achievements of 1974:

- (1) $23\frac{1}{2}$ jerseys (and one sleeve) and half a hat.
- (2) Consumption of 6,000 gingernuts and 3,000 krispies (crinklies are really out!).
- (3) Enemies with the dieticians.
- (4) 35lbs. extra weight.
- (5) 100% attendance every study.
- (6) Three brand new husbands and one brand new engagement.
- (7) 36 hypertrophied calf muscles.
- (8) 48 frustrated Lincoln lads.

So overall, Christchurch '74 has been an enjoyable year for us — with lots of new friends gained and many happy times. It will be sad when we go our different ways at the end of '74 but at least we have shared in many wierd and wonderful happenings which will never be forgotten.



HAMILTON 3rd YEAR STUDENTS' REPORT

Socially: Things have been fairly hectic in that we have only had one marriage! — that of Gay Shirly (née Spence) — and no engagements. Hamilton has a lot more than one would expect to offer in entertainment such as parties, pubs, splurges at varsity rock concerts, plays and pictures.

Many of the class take advantage of the short distance to Auckland as an alternative and clear off to the "Big Smoke" for weekends.

Work: At the beginning of this year we came to the sudden realisation that over Xmas break we seemed to have forgotten practically everything. Under the very able hand of Mrs Leigh Fisher however, we began the process of revising and expanding our knowledge of physiotherapy treatments.

This year a lot of the theory has fallen into place and old lecture notes are taking on a new meaning in the clinical situation.

Little mistakes now mean more than a bad exam mark in that the patient could be badly, if not dangerously, treated.

Perhaps the most dramatic thing that has happened this year is that we have been entrusted with the total care of the patient from admission to discharge for assessment, treatment and communication with the doctors. This is largely due to the shortage of senior staff, but has proved beneficial to us.

Accommodation: Flats are hard to find and very expensive up here. Sharing rooms is not uncommon — but WE DON'T. \$7 per week each in a flat is usual and there are no "MMM's" for cheaper meat. Also bring your electric blankets next year for those chilly nights in mid-winter.

Transport: By now over half of us have bought or acquired cars (apart from one stupid bkie!) — the mini being the vehicle of choice. Transport is very important (most of us live over a mile from the hospital), both for getting to work and for weekend trips to Auckland, the Lakes, Tauranga, the Mountain, Whangarei . . .

We have also had a class trip to Queen Elizabeth Hospital in Rotorua and will have visited Auckland hospitals by the time this is printed.

We wish next year's students all the best, both 1st, 2nd and 3rd years.

VICTORIA HOTEL

Proprietor: JOE CUMMINGHAM

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in cans, bottles and kegs
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CNR. ST. ANDREW AND CUMBERLAND STREETS

WELLINGTON SUB-SCHOOL

It was predicted by all that Wellington sub-school would be "terrorising" when we all met our grumpy tutor in Dunedin in December 1973. Remarks like: "You'll get no leave!" and "If you treat us well, we'll treat you well!" all combined to give this impression. The thoughts that sped through our minds were less than encouraging.

Fear and anguish lead many to come to the capital weeks early so as to be at full mental and physical capacity before facing the tyrant tutor.

Dreaming of terrible things that are about to happen, man tends to over-exaggerate them.

Then came the anti-climax; maybe a little over-ruling for her size, but not so terrible after all. As the year has progressed, she has become one of us.

Other members of the staff have equally proved "If you treat us well, we'll treat you well."

We've all had our moments. Working on Saturday morning Craig approached sister of O. & G. Ward II, and as any keen physio would always do, asked: "Anyone who needs it?"

Our little classroom was the scene of many a merry moment. Naturally lectures became a little boring but this was often relieved by what could be classed as accidental "frankness".

When discussing wheelchairs and walking aids, Ainsley asked Craig: "What other attachments do you have, Craig, besides crutch appliances?"

Another very good example of the class's "frankness" occurred one morning, with reference to the quote "Dignity is something that cannot be preserved in alcohol".

Cara exclaimed: "I lost mine on the weekend!"

The gym in most physiotherapy departments is a vulnerable area for "Balls Ups" if you will excuse the slang, and these often prove embarrassing as Mary found out in the young men's knee class. Describing a simple adduction exercise she said, "Put your balls between your legs and squeeze hard."

"Man is always searching for someone or something to enslave him for only as a slave does he feel safe." This was another quote which appeared on our blackboard and perhaps can be interpreted:

"Woman is always searching for someone or something to Rule for only as a Ruler does she feel safe."

Whether this applies to all who marry is a matter of opinion, but two people in our group have found what they have been searching for.

Glenys married Ian Clemens in December 1973.

When Miss McLeod visited us all and said to Glenys: "I suppose he cooks for you on the weekends?" her reply was "Oh no! I can't get him out of bed."

Kev. obviously didn't marry an alarm clock either. In March 1974 he wed Lyn O'Donnell and there's no doubt in my mind that he found the right person.

Our weekly tests excelled the difficulty in interpreting the question. For example: "Write short notes on—

Talipes Equino Varus,
Congenital Dislocated Hip,
Perthes Disease,
Sherman's Juvenile Kyphosis."

In answering this question, although you were asked to "write short notes on", this really means "write an essay about".

Another examiner in Dunedin emphasized the importance of not using abbreviations in test papers in the following way:—

“Please do not use abbreviations; e.g. A.S.—anky spondylosis.”

However, we do appreciate the help we have received from Dunedin.

Socially, I would say there is varying opinion. Pru seems to be the most versatile of the group. Others like Mandy, Mary and Heather suffer the calm after the storm of Dunedin life.

There are those silent ones who work even beyond the reach of scandal such as Ansley in Tawa and Judy in Palmerston North or Blenheim.

Irene without gin may be likened to a fish out of water, and a fish out of water may be likened to Margie without Jeff. She and the other two in love, Cara and Angie, obviously haven't forgotten the storm of Dunedin life.

Much experience in many fields has been gained by all in Wellington Subsidiary School; students not forgetting a small group inspection of Carmen's Strip Club. However, most look forward to setting foot on Mainland soil (South Island in case you are unsure) again.

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PARAPLEGIC GAMES

This year, the physiotherapy year began with community involvement with most of the second year students helping in the organisation of the Paraplegic Games held in Dunedin between January 13 and 20.

Most students helped in the organisation of getting breakfasts and making beds under the supervision of our Patron, Miss Hayward. This meant having to get up at 6 o'clock to be there by 7 o'clock which most of the students did willingly.

Others assisted in sports activities, an example being where Sue and Sarah scored for archery which meant having to get white uniforms and standing in the cold while the contestants cheerfully carried on with their sport.

Also, six of us were lucky enough to be chosen as team hostesses: Heather Coombridge (Hong Kong), Sandra Glasson (Australia), Helen Lepper (Scotland), Laura Loughnan (Wales), Sue McGillivray (England), Jenny Turner (Malaysia),

Our duties were to act as a liaison officer between the team manager and the organising committee. We were under the guidance of Ross McFarlene who became a friend as well as an adviser.

Also some of our most enjoyable duties were to act as hostesses at the social functions which were held. Our first real social evening was held on Saturday 12th, which was a welcoming social held at the University Union. Here all the teams were able to meet each other and assess their competition in the games to come. Also, it meant that the organising committee and friends were able to introduce themselves to each other. The evening was a great success.

Twelve teams in all came from different Commonwealth countries, the biggest teams being Australia, England and New Zealand.

Naturally the toughest competition was between England and Australia and the total medal count in the end was very close between these two teams, with Australia just winning.

The opening ceremony, which was true to Dunedin tradition, was cold and wet, so ruining any hope of anyone really enjoying themselves. Some teams, for example Malaysia, sat with their smiles frozen on their faces.

Just after the opening ceremony the rain really came down, but the events still continued and our jobs as hostesses began with us carrying hot soup, tea and coffee to contestants and officials. The games continued smoothly with organising committee covering any incidents which cropped up. That evening, as most of the contestants had something in which to compete the next day, the majority went to bed early.

On the Monday the games started well and truly with archery, fencing, slalom and table tennis. The rest of the team members who were not competing in these sports were all down practising for their coming events.

We were all exhausted by the end of the day, but our day hadn't finished yet. The team managers, officials and team hostesses had been invited to the Town Hall to a Mayoral reception. When this had finished we were persuaded to go back to the University Union where some informal entertainment was going on for the rest of the team members.

Next morning we were at Unicol by eight o'clock, greeting those physios who were serving breakfasts that morning through closed eyes.

We had a meeting with Ross McFarlene, went down to give our team managers the news, and were then ready for another day of sport. Again there was archery, fencing, table tennis and also bowls, field and track events. That evening weight-lifting and basketball were held.

The games, especially at night, were well patronized by the Dunedin citizens. Basketball proved to be the most popular game to watch and by the end of the games people were lining up half an hour before the game started to get in to see it. Table tennis was also a popular game to watch.

Again, after basketball that night, informal entertainment was held in the University Union.

By Wednesday most people had got into the various routines and things were running more smoothly, thus giving the hostesses more time to watch the sport. Wednesday saw the final of the fencing, England doing best in this sport. Also the final of shooting and track and field events were held. Ireland did best in the shooting and Australia and England did very well in the track and field events.

That evening a games concert was held with contributions from overseas team members. This was very enjoyable and most of the Union was packed out.

Thursday was much the same as the other days, but with more of the team members relaxing as their events were finishing, and giving them time for sight-seeing, which many of them did.

The swimming teams had no relaxation, having to get up at seven o'clock each morning for a couple of hours practice and then up to the Moana Pool again at night for another couple of hours practice.

The swimming was held on Friday. Again this was a popular sport to watch and the stands were full most of the day. The hours of training here had not been wasted, as with other sports, and a day's exciting events took place. Australia and England again were close rivals, with Australia just winning. New Zealand also did well in this sport, winning a couple of medals.

New Zealand also did well in the weight-lifting with Bill Lean setting a new World record in the heavy-weight section.

Saturday was the final day of the games. Probably the game which caused most interest this day was the basketball match between Australia and England. The English team proved to be the champions.

The closing ceremony was held that night with each team going up to receive their flag which will be brought to the next games. The speeches and ceremonies over, the evening social was a great success with the paraplegics joining in with the dancing. Most of those present did not get in until quite late.

Sunday and the following days the teams then prepared to leave, either back to their home country or first on a trip to Queenstown. A few went to watch the Commonwealth Games in Christchurch.

By the end of the week the Union was bare, with all the teams having left.

The citizens of Dunedin then proceeded to pull apart what the games had brought to Dunedin. Anything which had been put in to make access for the paraplegics easier was pulled down and possibly stored away for the next time when Dunedin is lucky enough to get the games back.

At this stage everyone who was concerned with the games proceeded to go back to work and put the games behind them. However, a few months later an invitation was sent out to anyone concerned with the games, including the hostesses, for a "wind-up gathering" held at the Union. A buffet meal was served and afterwards speeches and thanks were given to everyone who helped to make the games a success.

All in all, everyone thought the games were worth the effort. The public support was tremendous.

We are not sure whether there will be any more Commonwealth Paraplegic Games, but if there are, and I sincerely hope there will be, they will be held in Montreal, Canada.

These games have brought renewed interest in paraplegic sport and more of an awareness, especially in the minds of the physio students, of the problems which a paraplegic has to face when he decides to go out for the day.

JENNIFER TURNER.

UNOFFICIAL PRIZE LIST

Strippers Prize: Ali.
Punctuality Prize: Loan.
Greasers Prize: Robyn B.
Mr N.Z. Prize: Bob.
Otago Giggers Prize (courtesy 4XO): Mary P.
Verbal Diarrhoea Prize: Robbie.
Naturalists Prize: Erica.
Doughnut Prize: Esmé.
Krinkly Prize: Shona.
Early Bird Prize: Sara.
Fresher Prize: Claire B.
Tea Lady's Prize: J. B.
Mama Cass Prize: Norah.
36-24-36 (model figure): Paul.
Get-in-a-fix Prize: Sue C.
Boobie Prize: Sue McG.
Rip Van Winkle Scholarship: Viv.
Nobel Prize for Logical Expression: Jan M.
The "Dawson" Prize for Humility: Chris.
The Discretion Prize: John.

SPECIAL AWARDS

Miss Russell: A book on "How to Ski—the EASY Way!"
Mrs Robertson: A video-tape recorder.
Miss McLeod: A bottle of Feume Fatale".
Mrs Mosley: A "Do-It-Yourself Manual".
Miss Wood: A book on "101 to put a Student at Ease".

MUSIC THERAPY

Music therapy, as its name indicates, is the therapeutic application of music in psychiatric, psychogeriatric and rehabilitation programmes.

It is used extensively overseas in conjunction with physiotherapy and occupational therapy treatments.

Music therapy originated in the United States as a degree course. Its popularity spread to the United Kingdom and to some States of Australia.

Early this year I was fortunate to attend the "Auckland Course on Aging". One of the many features was the "Re-orientation Techniques Based on Music" delivered by Mrs R. Bright. She is the authoress of "Music in Mental Health" and holds a degree in music and psychology.

Mrs Bright spends several hours a day working at one of Melbourne's psychiatric hospitals.

The technique she uses is by association of thought. She explained that many psychiatric patients have lost their identity.

Through music, recall and reminiscence one can give positive correlation with success.

The value of music in this case is to help patients feel successful and proud to express themselves and to regard life as worthwhile. On observation, during a music therapy session, one perceives that a total change in attitude occurs. There is a state of arousal, an alteration in facial expression, posture and respiration rate. Tapping of fingers and toes is usual.



IS THERE
SEX
AFTER
MARRIAGE?



As one tends to think in abstract form, Mrs Bright uses simple coloured drawings. She draws a blue flower and elicits from the patients any song associated with the word "blue". Some of the songs offered were "Blue Moon", "Blue Bells of Scotland", "St. Louis Blues" and a whole host of songs. She then plays each tune on her piano accordion and patients join in chorus.

Another example given was a drawing of a colourful beach umbrella. She then questions the patients on what this image represents. A two-way process of question and answer takes place as patients need to express themselves in some way. When they cry due to some recall, it is a form of expression and this new behaviour is advantageous in treatment of some psychiatric patients.

They are also asked to compose lyrics and these are put to music. This affords a sense of achievement and creativity.

Each session has to be planned carefully according to what form it should take, and the therapist must be able to handle its development and conclusion.

Music therapy can be used in neurological, orthopaedic, paediatric and general surgical departments.

Patients with cerebral insult may have problems with speech and inco-ordination. The use of correct rhythm is invaluable.

Often we find that aphasic patients can sing and yet are unable to speak. One may use a tune with legato tempo to assist patients with speech defects and at a later date alter it to an andante tempo. Singing also helps respiratory excursion, as well as reminding an apraxic patient that he still has a voice box.

Bongo drums, cymbals, bells and graduated chime bars help in co-ordination. The patient tries to keep in time with the rhythm of the music played. Recording patients performance and then playing it back to them is helpful. Frenkel's exercises performed in this manner affords change and variety. Gait re-education with music therapy is enjoyable. Marching tunes are generally used in this programme.

From Mrs Bright's lecture I felt that we could institute these techniques in our long-stay hospitals.

With the co-operation of our staff, I introduced music therapy at Parkside Hospital. At 11.15 each morning music rings out in one of the wards.

This form of therapy requires much energy, patience and encouragement as responses from patients vary each day.

My first attempt was to select flowers and tunes orientated to gardens and flowers. This seemed a good topic for geriatric patients. A yellow rose and a spray of honeysuckle was passed to each patient. Many surprised me with their verbal responses. Even the blind identified the rose perfume. We then discussed other forms of climbing plants. Patients reminisced on their gardens. We then sang the song "Rambling Rose", "You Are My Honeysuckle" and "Tiptoe Through the Tulips". Simultaneously, basic exercises were performed in time.

Whenever possible I encourage physical contact by hand as we sway in time with the music. Physical contact is intended to bring about socialization.

Many of our long-stay patients are institutionalized. Some have lost their identity, and are incapable of participating in conversation.

The majority, when questioned if they would like music therapy repeated, answered in the affirmative.

The mens ward was given a different programme. I gained enough knowledge of patients' histories and interest to select a record album of favourite war songs. Many of our patients had served in the war or had been to sea.

They responded well, singing lustily the songs they knew. Vera Lynn came over loud and clear. Most required little encouragement. Two mobile patients rose

and danced with me. The response was an exciting experience. We do tend to regard elderly debilitated patients as incapable of shouting, laughter, joy or any form of expression or emotion.

In this situation the physiotherapist and patients enjoyed their money. A comment from passers-by: "Ward two had a morning party."

We at Parkside are still at the stage of experimentation and I hope that this programme will continue and develop into something worthwhile for our patients.

MRS R. ROBERTSON.

SOCIAL REPORT

This year began with the juniors meeting their respective seniors at the traditional afternoon tea.

This followed by a Law-Physio. Beach Bash, supposedly held at Long Beach, but due to adverse weather conditions, it was held at a local flat. This proved to be a very social get together with the grog and the barbeque adding flavour to the day.

Old Mother Goose and her nursery rhyme friends met at the Scrum room in March. With the help of "Noah", they made the "Old Woman's Shoe" burst at the seams.

Then came the month of June and with it, the annual ball. This was held at the Agricultural Hall and had a theme of "Halloween", and a well-known local band "Shaman" who inspired many a foot to move. With an incredible supper and oceans of drink, everyone seemed to have a most enjoyable time.

Now we play second fiddle as it is the juniors' turn to put on a bash for the seniors.

Many thanks to all the willing helpers for their help and suggestions. Best of luck to my successor.

LAURA LOUGHNAN

STUDENT QUOTES—'74

John Chamberlain: Paul's epistle to the fallopians' (SWD. to salpingitis).

Penny Connolly: (Interviewing obese patient in front of the whole class)—"Do you find you've put on an AWFUL lot of weight since you've been on steroids?"

Jenny Lithgow: "My God! Look at that horse's lordosis! (That's so it doesn't splash it's feet, Jenny.)

Penny (again): (On the subject of syphillis)—"Do you think it's on the UP surge?"

Jenny (again): "Is it a bird? Is it a plane? No!! It's a BIRD PLANE (Errr . . .)"

Jim Aldridge: "This is the Thomas test for tight underpants."



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ENVIRONMENT REVIEW

New Zealand as it is and where it could go.

New Zealand has problems as is fairly evident if you open your mind.

Overseas — Controlled industry.

— soap cosmetic manufacture

— consumer product manufacture

— large industry — Comalco Smelter

— banking and finance centre — all but one owned overseas — London and Australia — money leaving the country where it should stay.

These are some of the causes of our present system. I believe N.Z. could become a totally self-sufficient country. We have the resources and working population to do this.

We have our farms which could supply the country with ample dietary requirements:—

Meat in all forms — lamb, beef, pork, chicken.

Vegetables — large, well run market gardens.

Cereals.

From our farms we also get wool to supply all N.Z.-based industry:—carpet manufacture, woollen goods.

Also supplies of milk for consumer market in the original form and as dairy products.

This farm to community system isn't working at present because there is no control — farmers are selling to the highest bidder, inevitably overseas. However, I envisage a scheme of some controlling authority as is now operating for wool in the form of the Wool Marketing Board. All farm produce brought on a national scale at set prices would supply the N.Z. consumer market first, with the profits made fed straight back into the farming community in the form of improvements, e.g.

- (i) Non-toxic crop sprays specific only to what is to be controlled.
- (ii) Money for experimental farms for improving technology.
- (iii) Incentives for new ideas to be tried where ideas are formulated through profit margin.

All this eventually would lead to improvement in conditions of food stuff and amount produced. This would lead to better overseas sales. At community level, because of the increased production and better overseas sales, there will be reduced prices in retail shops — here some community board for distribution being the "middle man".

Some say we don't have the means of making new trucks, cars, etc. However, we have the technological ability to do so but not the will-power to do it. We can build a blast furnace for the melting down of raw material — recycling waste products (scrap metal). This would provide a new industry for N.Z. This would allow vehicles to be built to N.Z. specifications to cope with N.Z. conditions.

Now looking at the home environment. Everyone complains of rate rises, etc. This has to pay for water reticulation to each house, removal of wastes from toilets, etc. Why not have each home self supporting? By establishing chemical pits for chemical breakdown of faeces and use of the gas produced to power ovens, heaters and so on, this could be accomplished.

As yet technology has not come up with economical solar heating, but as was said at the last Energy Conference in N.Z., every city has the potential.

At a community level, large community centres where a gym and equipment are provided for all to use could be brought into being.

This community centre aims at reducing the insular barriers that are today binding us to our families and preventing the experience of all the variety of the human form and behaviour that is necessary if we are to get on with each other.

In the field of education, dramatic changes are needed. We have at present a year-by-year progression from Primer 1 to Form VII and then on to University in some cases. This is dull, mind repressive and unimaginative. Education is a life-long experience — we only finish learning when we die (or do we?). Right from birth learning and assimilation begin. "Education" can be obtained at a later stage from learning exchanges where teachers, parents and any community member can come in and talk with the pupils. Pupils move from one level to another when they feel at grips with their present one. What may take some one year to grasp, may take others only six months and so they go on.

I visualize in the community an education area where specialized study can take place to fit the person into a specific area of the community, e.g. doctors, dentists, lawyers, accountants, engineers, cooks, technical advisors, etc., and that exams were sat when and if one needed them. At present they tend to limit the time one has to grasp new ideas and try our new theories.

No hard core specialization from early childhood would now give everyone the opportunity to try all sorts of jobs to sort out the one which best suited them.

This concept requires a revolutionary change in the worker pay scheme.

All jobs would be rated to scale so each job made practically equal, seeing all jobs go to the running of the community. Those jobs that take longer training for could rate higher in value but not much — one would have to really enjoy the service one would provide to take it on.

Back onto the consumer market again. Today's market is flooded with six or seven brands of one item. Most of these are made in N.Z. in overseas-owned factories — this again allows our finance to go overseas. N.Z. could produce its own soaps, detergents, antiseptics, cosmetics, etc. We have here the technology, and if nationalization is brought in, the factories would only need to buy the raw materials we don't have to make these products. Initially, the cost would possibly be less but through recycling and cheaper power the cost of the product would drop considerably.

Another field in which N.Z. is being taken over is finance. I don't know much about big business and finance in general but I know that of all the banks in N.Z. only one is owned by the country — and that is the B.N.Z. This bank in having trouble competing with overseas banks — National, Bank of New South Wales, A.N.Z. — because New Zealanders are putting their money in these bigger banks where higher profit through interest is. However, they don't realize that if money was put back in the BNZ, then they would be getting a two-fold benefit.

With more finance the government could also provide money for starting up new industry and loans given on a long-term basis.

These are only a few ideas that could be put into practice through community and populace support to make N.Z. into more the country we think it is and think the world should be and stop it going, as it is going, towards the rat race society in the U.S.A. and Europe. Let us be an example of an enjoyable people-run country and let's have a life style that is enjoyable and fitting for all.

REFERENCES: "Take Over N.Z."—W. B. Sutch.

"The Uses Of Disorder"—Richard Sennett.

"Walden II"—B. F. Skinner.

STAFF QUOTES & MEMORABLE FAUX-PAS

Mr Mirkin: "There are some women who were built at the Leyland or Mercedes factory, but it's obvious that some are just slapped up somewhere in Petone."

Mrs Robertson (speaking of a patient): "What he had was well developed."

Mrs Mosley (speaking of Jim's V.C.): "We'll have Mr Aldridge — he's got the biggest one in the class!"

Miss Wood (speaking on child development milestones): "I tested Miss McLeod and blow me down she didn't have all the right reactions" (they always said she never crawled).

Mrs Mosley: "It's the strongest pain I've ever felt" (little smile) "so far!"

Mrs Robertson (to Heather): "My facilitations on your engagement. Who's the lucky fellow?"

Mr Kircher: "You've got to get your fingers into it."

Miss McLeod: "Im no chest queen, but . . ."

Mrs Robertson: "Old golfers never die, they just lose their balls."

Mr Mirkin (speaking to Mrs Robertson): "You have the right approach, watch him get undressed and then help him get dressed again when you're finished."

Mrs Mosley: "They're so easy to get, they MUST be easy to get rid of!"



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BOOK REVIEW

SEX AND THE SINGLE C.P. (Faber): \$36.40. Adults Only.

This lavishly illustrated volume boasts 50 colour and 19 black and white plates showing no fewer than 69 reflex inhibiting positions. There is an indispensable section on the handling of associated reactions during periods of increased excitement, utilising the grasp reflex, see-saw reaction, etc. A must for the uninhibited C.P.

EARLY DAYS OF FARADISM (Penguin): \$1.50.

A breezy romance telling the story of a young girl who falls for the glamour and thrill of operating the Smart-Bristow Faradic Coil. The excitement of near chemical burns, and spicy encounters with nylon panties, make this a hard book to put down. The story ends sordidly in an encounter with an inexperienced young medical student.

CERVICAL SPONDYLOSIS IN THE POST-MENOPAUSAL GIRAFFE (Medical Press). Ref. GIR/7634.

This comprehensive series comes to grips with a growing problem in elderly female giraffes. The 1597 page report emphasises the neurotic overlay found in the suburban giraffe, and correlates this with the mean tree density in these areas (inconclusively). An excellent book for any Physio library (reference section of course).

THERE AND BACK (Hodder & Stroughton): \$4.00.

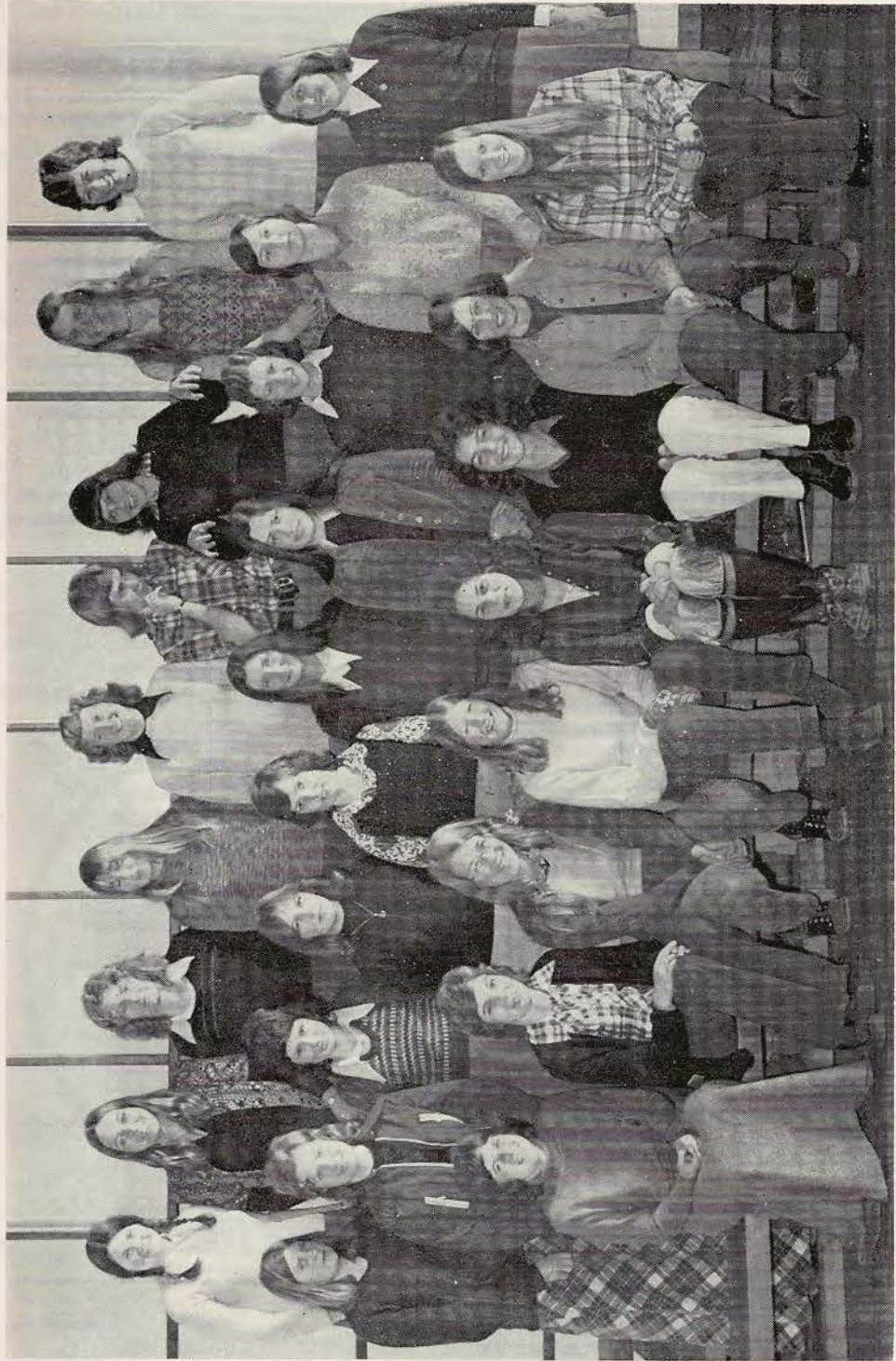
A stroke by stroke account of a lone hemiplegic rowing in a large circle "across" the Atlantic, noting especially the things he saw to starboard. It never really finishes.

J. ALDRIDGE

MRS SMITH

Mrs Smith sat in the chair, paralysed,
weeping quietly, remembering
the years,
of love, friends, family and laughter,
The days gone by when she could talk.
The doctor, passing on his rounds,
Paused a second, saw the tears.
"Depression's common with a stroke," he said,
(Wrote "Amitriptyline" to cheer her up.)
But on-one ever came to visit,
No-one bothered dropping in,
Mrs Smith sat her time, weeping quietly.
No-one cared.
When she died, eventually,
The family gathered out of no-where
"After all we did our best,"
They reminded the solicitor.
But Mrs Smith had known them well,
That sad old lady they'd disowned,
Showing what remained of her identity,
She'd left her eighty dollars to the poor.

J. ALDRIDGE.



ODE TO PHYSIOTHERAPY

I was bending down to pick up a shoe,
When all of a sudden an excruciating nip caught me at L4-5 and the pain shot down
my hip.
From there it went down the back of my leg
. . . and at the other end; it screamed up to my head.
My initial thought was that I'd caught the flu',
But, when I stood up . . . my back was puckeraroo!! . . .
In an ambulance I was taken to my G.P.
But, he said, "You don't need me . . . what you need is . . . Physiotherapy!"
. . . I walked into the orthopaedic ward —
When something happened that I could ill-afford.
The physio said "Now bend over and touch your toes."
Well! Any idiot knows
This would only create further trouble
When you are already bent in double!!
However, I obliged her command — while holding back a laugh —
— and the next think I knew . . . she'd kicked my latter half!!
I leapt up in agony
and swore and cursed at what is termed "physiotherapy".
However, after much deliberation
I summed up this "manipulation".
At least after that act of contortion,
I found myself to be in proportion!!
. . . "Now Mr Smith . . . I really must insist

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and try and drum into your head
. . . That you must use your knees instead.
When lifting, think of this before you start —
Stand as close as possible to the object with your feet apart.
Bend at your hips and bend at your knees,
You don't want another sore back, so —
Remember that please!
Tighten your tummy muscles and keep that back straight —
The last thing to remember — is not to rotate!
A suggested moral:—
Be economical — save your back
and save your money,
By remembering to bend at your knees,
You'll be saving your funeral fees.

“PHYSIO” WRIGHT.

FIRST YEAR REPORT

We appeared in March from school, dental assisting, orchard working, data bank, truck driving, home science course, secretaries, social welfare office, Waiouru mess work, waitressing, physio aiding, disc jockeying, computer programmers course and various universities as a deprived year (only three males with 60 plus females).

We plunged immediately into tea and sticky buns which was organised by the second years as a Mother-meet-Daughter-meet-Staff session.

The 34-hour lecture week appeared but even more devastating was, as in our white coats, being comforted by formilinated corpses.

Some are involved in the architectural barriers for disabled persons survey, some in Physio basketball teams and many appeared but only two dared to participate in a muddy rugby match versus the Medical Students.

We made an attempt to hold a Gods, Goddesses, Nymphs and Maniacs party for Physio's but the effort was futile and had to be cancelled through total apathy.

Despite the pooling of our resources into Physiotherapy we have managed to continue with our outer interests such as tramping, creative dancing, indoor basketball, religious groups, netball, athletics, underwater activities, violin, skiing, drama, trail riding, meditation — transidental and yoga, squash, badminton, classical guitar playing, sensory awareness, tennis, surf life-saving and esalem massage.

The year whirls on with exams appearing frequently and our 60-plus energy emission levels blending.

J. M. Moss.

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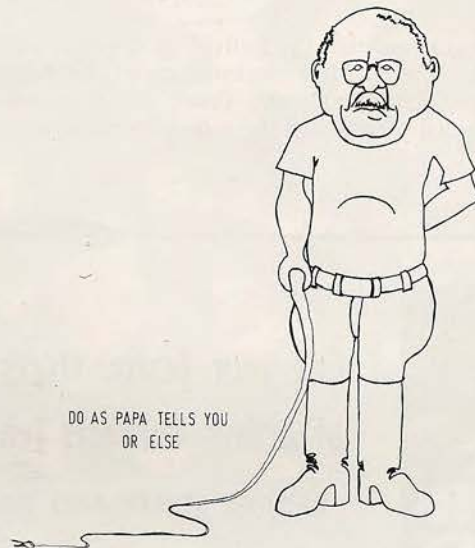
SPORTS 1974

The first main sporting event of the year was the swimming sports. There was a good turn-out, everyone enjoying themselves and showing good sporting spirit. The highlights were the inter-departmental and inter-flat relays, the Med. students taking the shield with much satisfaction and boosted egos. The open dive was well contested with much unique and entertaining diving. Jan Murray and W. Gee tied for first place.

The Open Swimming Champions were:—Women's, Heather Coombridge; Men, David Gerrard.

The two novelty races — egg and spoon and pyjama (nightie) — concluded the swimming on a bright note. Mr Mirkin presented the cups, and then all went upstairs for supper.

Again this year Wally and Jean Miller did a wonderful job coaching our basketball teams. We had four teams in the competition; everyone in for the fun rather than just winning the game, and benefiting greatly from their weekly spin around the court. Three Physio's are in the Dunedin rep. teams — Anne Batt and Robyn Churchill.



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CONGRATULATIONS

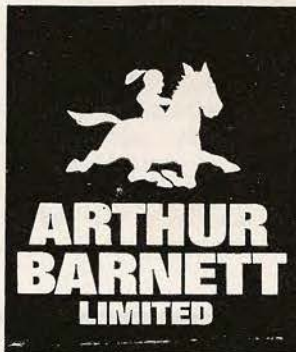
Linda Egerton has done a great job as captain and instituter of Physio's first netball team. After varying degrees of enthusiasm, a netball team was formed by eleven members, both students and staff. With a new uniform and a new ball, the season got off to a successful start, resulting in the team being shifted up to section one of grade two. Here the team enjoyed a remarkable amount of success under the guidance of Lynne Gunson at the beginning of the year, and more recently Rachel Craig. Many thanks to both for giving us some of their time. Three players were selected for grade two Otago rep. team — Robyn Buddicom, Mary Bradley and Suzanne Davis. Congratulations. There are still more games to be played before the end of the season, but despite this the team have played many enjoyable games, and winning isn't everything. It is hoped that next year the team will be continued in the same spirit.

Physio versus Med. rugby: Robyn Wild rallied up a Physio team and one Sunday afternoon the Physio girls and Med. guys clashed. There was a lot of mud and fun had by all, resulting in an unofficial win to Physio.

An ice-skating trip to Manaburn was planned, but due to lack of interest was cancelled.

We would like to acknowledge the individual sporting achievements gained by students throughout the school. Most students are involved with sporting activities such as squash, swimming, tramping and skiing. It is hoped that these sporting interests will be maintained throughout the school in years to come.

LEONE VERRAN.

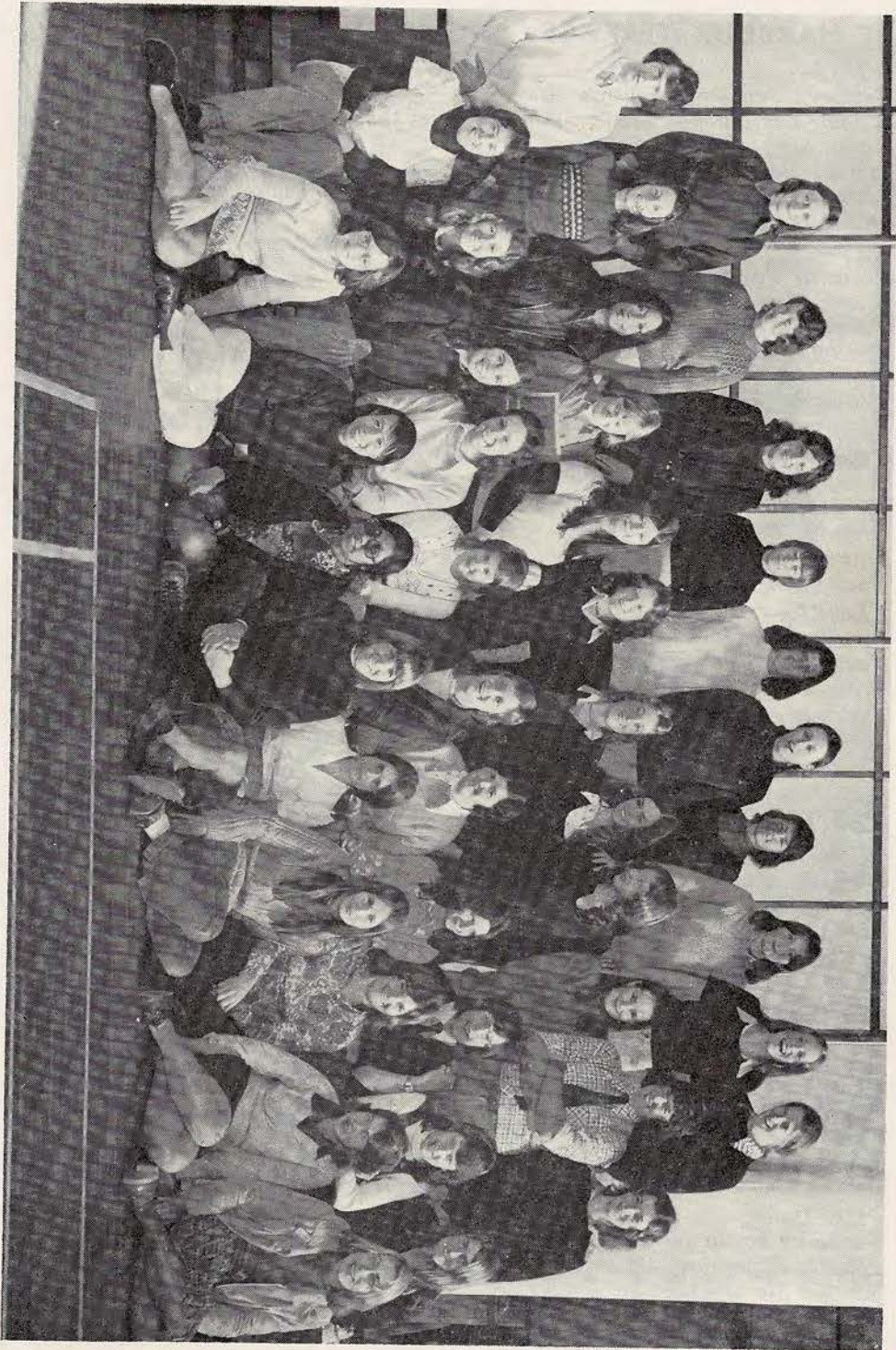


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77 HARBOUR TERRACE

CHRIS—

Favourite Past-time—Splitting straws.

Notable Expression—“Aren’t you going to eat that?!!”

Theme Song—Food, glorious food.

Marital Status—Single, unless Superman’s for real.

Probable Future—Masseuse-manageress Petone Rugby Club.

Distinctive Features—Bikkies, Body and Books.

KAY—

Favourite Past-time—Ultra violence.

Theme Song—Let the sun shine in.

Notable Expression—“Man cannot live by bread alone.”

Marital Status—Only to a fellow anorexia sufferer.

Probable Future—Physio for weight-watchers anonymous.

Distinctive Features—Such a rosy countenance with a golden future.

SARAH—

Favourite Past-time—Designing (but for what?).

Notable Expression—“Hi, kiddies!”

Marital Status—Rich widow when death us do part.

Probable Future—Only ex-, ex-, ex-government employee turned millionairess.

Distinctive Feature—Unkempt.

Theme Song—Rebel, Rebel.

CLAIRE—

Notable Expression—“Oh, messy, messy!”

Favourite Past-time—Side stepping the issue.

Probable Future—Sewage farm attendant.

Distinctive Features—Brown arms.

Marital Status—Career girl — time and motion studies.

Theme Song—Always something there to remind me.

128 FREDERICK STREET

SUE—

Favourite Past-time—Literally romancing.

Notable Expression—“Delicious, divine, mmm, it’s even quite nice.”

Distinctive Feature—Teapot and tea strainer.

Probable Future—Uncommonly distinguished.

Marital Status—Yes, very stately.

Theme Song—“Lady, play your symphony.”

JENNY—

Notable Expression—“God you’re stupid!”

Favourite Past-time—Babysitting.

Marital Status—Probably.

Probable Future—Married.

Distinctive Feature—Long, lank, lifeless crowning glory.

Theme Song—“He’s late, he’s late, for a very important date.”

IMELDA—

Favourite Past-time—Brushing her teeth.

Notable Expression—Oh lovely.

Marital Status—Maxi-mel chances.

Probable Future—Harrassed mother of ten.

Distinctive feature—Short sightedness.

Theme Song—“I’m a pink toothbrush.”

ROBYN—

Favourite Past-time—You mean all of them!?!

Notable Expression—“That’s easy.”

Marital Status—Destined never to be alone.

Probable Future—Head of community development project.

Distinctive Feature—Organising ability.

Theme Song—“Thank the Lord for the Night-time.”

ESME—

Favourite Past-time—Punishing everyone.

Notable Expression—“I can manage perfectly well — thank you.”

Marital Status—Mini-mum.

Distinctive Feature—Never misses a trick.

Probable Future—Missus.

Theme Song—“The Laughing Gnome.”

AGGIE'S COLUMN

Dear Aunt Aggie,

When I started Physio, I was a virtuous young thing but what with these seductive sessions in functional Anatomy, I find I am fast losing ground. What am I to do?—VIRGINIA.

Dear Virginia,

So long as you are only losing ground and haven't actually lost it, I don't think you need worry.

Dear Aunt Aggie,

Last night I came home to find that my flat mates, out of the kindness of their hearts, had brought the neighbourhood's pets in out of the cold. What I am trying to say, unsuccessfully I know, is that I don't mind living next to a zoo but living in a zoo is an entirely different kettle of fish. I await your suggestion with hope.
—CATERINA.

Dear Caterina,

Bear with it!

Dear Aunt Aggie,

For the past six weeks I have been getting these obscene phone calls. At first I was afraid, but now I find that I am looking forward to that deep, husky, suggestive voice each night. Am I abnormal?—PHIL.

WE NEVER CLOSE!

Largest Selection of Tasty Takeaways

Cooked Foods

Chickens

Milk Shakes

Drinks

BIG DADDY'S FOOD BAR
IN THE OCTAGON

Dear Phil,

You don't say if you are male or female . . .

Dear Aunt Aggie,

Amongst the physio students I find I am somewhat outnumbered. Sometimes I wonder if I've chosen the right career for me. When I think of my weaknesses, I have grave doubts.—ABEL.

Dear Abel,

Names often betray character. You've managed this far, so why worry? Keep it up.

Dear Aunt Aggie,

Loving my work the way I do, I find, to my consternation, that my love now extends to my patients; one in particular. Knowing how wrong this may seem to an outsider, I find that, even with his uneven leg length and acne vulgaris, he is irresistible. What has happened?—UNSURE.

Dear Unsure,

I feel at this point, you know more of the ins and out of this relationship than I do.

Dear Aunt Aggie,

How can I explain to you in one short letter the troubles that have beset me ever since I have been going out with B? At first it was a persistent ache below the sternum but now it has become a persistently swelling abdomen. What has happened is quite beyond me. I am told that the root of the problem is an infant but I thought they came from under mushrooms after it rained. Is this so?—FANNY.

Dear Fanny,

I think the mushroom theory has irrevocably been disproved! The swelling in your abdomen is definitely some kind of growth — as to what type, I would hate to hazard a guess.

Dear Aunt Aggie,

Every night I have this dream about being assaulted by a giant shrewsbury biscuit, and in the morning I find the bed is full of crumbs and empty biscuit packets. Am I abnormal?—"IN A JAM," WAIMATE.

Dear "In a Jam,"

... It is our opinion you are definitely crackers — we suggest you switch to wine biscuits as alcoholism is more socially acceptable.



SPECIAL PHYSIOTHERAPY GIVEN

SENIORS

Jim Aldridge, 26 Kerry St., Alexandra.
Anne Batt, R.D. 2, Wakefield, Nelson.
Tia Ben, Titi Kavea, Rarotonga, Cook Islands.
Claire Bowmar, No. 6 R.D., Gore.
Mary Bradley, R.D. 1 Onga Onga, Waipawa.
Jane Bradshaw, 17 Pitt St., Wadestown, Wellington.
Robyn Buddicom, 114 Redwood Ave., Tawa.
Sue Cannon, 217 New Brighton Rd., Ch'ch.
John Chamberlain 74 Stansell Ave., Nelson.
Robyn Churchill, 10 Tedder St., St. Kilda, Dunedin.
Norah Coakley, 165 Bourke St., Invercargill.
Esme Collins, 93 Marshland Rd., Christchurch.
Penny Connelly, 109 Sukuna Rd., Suva, Fiji.
Mary Connors, 15 Leith Cres., Greymouth.
Heather Coombridge, 7 McNicol St., Greymouth.
Chris Dawson, 115 Witako St., Lower Hutt.
Linda Egerton, c/o 30 Jackson St., Dunedin.

JUNIORS

Hilary Adams, 86 Beauchamp St., Karori, Wgtn.
Sue Alexander, 8 Lansbury Ave., Christchurch.
Bev Anderson, 28 Dawson St., Waiouru.
Susie Battersby, 36 Bay View Tce., Oriental Bay, Wgtn.
Jane Brons, Anzio Rd., R.D. 2, Reporoa, Bay of Plenty.
Glenys Browne, 47 Forth St, Mosgiel.
Carol Brownie, 34 Shakespeare Ave., Upper Hutt.
Donna Butler, 48 Brougham St., Nelson.
Suzanne Davis, 88 Wilson Rd., Rosebank, Balclutha.
Sue Faneslow, 533 Broadway, Strathmore Park, Wellington.
Pam Finn, 65 Cliffs Rd., Dunedin.
Dianne Foote, 101 Ravens Rd., Dunedin.
Annette Freeman, 63 Kearney's Rd., Christchurch.

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Sarah Gudgeon, 18 Rebecca St., Singapore.
Erica Hay, No. 9 R.D., Waimate.
Sally Hollings, 314 Queen's Dr., Lyall Bay Wgtn.
Viv. Hudson.
Paul Jarvie, 11 Tinokore St., Christchurch.
Helen Lepper, Farmlet Rd., R.D. 2, Hastings.
Jenny Lithgow, 101 Simeon St., Christchurch.
Laura Loughnan, 130 Fendalton Rd., Christchurch.
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Kay McKenzie, 6 Wastney Tce., Nelson.
Claire McKone, 54 Kowhai St. Naenae, Lower Hutt.
Jan Murray, 24 Gladstone Rd., Mosgiel.
Nordena Nain, 536 Rasah Rd., Seremban, N. Sembilan, West Malaysia.
Loan Nguyen, 59 Nguyen Tai, Saigon, S. Vietnam.

Joanne Gardyne, East Lime Hills, No. 1 R.D., Winton.
Chris Gibb, Woodslee Downs, No. 1 R.D., Wyndham.
Sally Gillgren, Makorori Beach, Gisborne.
Sue Greer, No. 1 R.D., Nightcaps, Southland.
Philippa Grimes, Pahiatua Track, R.D. 1, Palmerston North.
Anne Hewetson, "The Kowhais", Waerenga-O-Kuri, Gisborne.
Graham Hill, 47 Fox Rd., Wanganui.
Dianne Houghton, 22 Stratford St., Cambridge.
Jane Hunt, 727 North Rd., Christchurch.
Aileen Jefferis Merino Downs, No. 5 R.D. Gore.
Sally Johnston, Norwood, No. 5 R.D., Ch'ch.
Benedicta Kanongata's, No. 3 R.D. Winton.
Pip Langsford, Ruawaro, R.D. 2, Huntly.

Imelda O'Toole, 242 Otipua Road, Timaru.
Mary Patterson, 67 Dyers Pass Rd., Christchurch.
Jan Polson, 21 Tamar St., Oamaru.
Alison Pomstra, 30 Victoria St., Carterton.
Judy Smith, 30 Hunter Brown St., Wairoa.
Rob Stevens, 66 Centennial Ave., Alexandra.
Robyn Stuart, 30 Archer St., Timaru.
Jean Syme, Papawai, R.D. 1, Waipukurau.
Jill Taylor, 3 Mayfair Place, Tawa, Wellington.
Robyn Trass, 512 Featherston St., Palmerston N.
Jenny Turner, Allandale, R.D. 1, Lyttleton.
Leone Verran, 30 Pillans Rd., Otumoetai, Tauranga.
Bob Waddell, 33 Hamblyn St., New Plymouth.
Robyn Wild.
Nicky Williamson, 14 Mar-ama Cres., Christchurch.
Lisa Wintle, Flat 5, 2 King St., Taradale, Napier.
Shona Wright, Bush Rd., R.D. 2, Waipukurau.
Nuong Wright, P.O. Box 115, Lincoln College, Canterbury.

Jane Latty.
Judy Llewellyn, 128 Douglas St., Whakatane.
Ainsley McFarlane, 31 Crichton St., Ch'ch.
Lyn McLean, 123 Richardson St., Dunedin.
Kay Maxted, 8 Moorpark Place, Christchurch.
Roberta Meijer, 10 Wayne Place, Tauranga.
Kitty Mensen, "The Knoll", R.D. 1, Featherston.
Brenda Meulekamp, 65 Tukapo St., N. Plymouth.
Robyn Miller, 3a Crofton Rd., Ngaio, Wellington.
Cathy Moller, P.O. Box 20, Dakura, Taranaki.
Juliette Moss, 1 Homewood Cres., Karori, Wellington.
Carol Nash, 2 Kauri St., Lower Hutt.
Chris Nelson, Gapes Valley, No. 1 R.D., Geraldine.
Lee Nicholls, Coal Pit Rd., No. 1 R.D., Edendale.

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 Helen Patterson, No. 2 R.D., Challis Point, Dunedin.
 Claire Rodger, 30 Service St., Suva, Fiji.
 Jackie Ryall, 77 Norwood St., Christchurch.
 Jan Scott, Rangitata Island, Temuka R.D., Sth Canty.
 Lesley Seed, No. 3 R.D., Matamata.

Ruth Young, 103 Shakespear St., Greymouth.
 Juliette Shapley, 17 Pauwhare St., Whakatane.
 Robyn Sinclair, 454 Otumoetai Rd., Tauranga.
 Judy Smith, 20 Sandringham Place, Christchurch.
 Margaret Smith, Busby Rd., Waiatiki, Bay of Plenty.
 Angela Sorrell, 4 Deepdale St., Christchurch.
 Louella Thomsen, P.O. Box 49, Apia, Western Samoa.
 Stephanie Tough, 259 Hampden St., Nelson.

Helen Troon, 37 Rimu St., Timaru.
 Ngaire Ward, Awariki, Private Bag, Dannevirke.
 Madelline Wegener, 5 Ranfurly Rd., Epsom, Auck.
 Jane Williams, Government House, P.B., Wellington.
 Fran Willis, 30 Golf Rd., Epsom, Auckland.
 Gerard Windle, Flat 1, 108 Forbury Rd., Dunedin.
 Virginia Wright, 26b Howard St. Macandrew Bay, Dunedin.

She offered her honour
 He honoured her offer
 So all night long

It was Offer

Honour

Offer

Honour.